

STAFF SERVICES ANALYST (GENERAL) REQUEST FOR TRANSFER EXAM

APPLICANTS – PLEASE COMPLETE INFORMATION BELOW

NAME (Last) (First) (M.I.) SSN (Last 4 Digits)

MAILING ADDRESS (Number) (Street)		WORK TELEPHONE NUMBER ()
(City)	(County)	WORK EMAIL ADDRESS
(State)	(Zip Code)	

ANSWER THE FOLLOWING QUESTIONS:

1. Are you now employed by the Department of Consumer Affairs? ☐ YES ☐ NO

Position Number:

2. Do you need reasonable accommodation to take a written test? ☐ YES ☐ NO
 (If "Yes", you will be notified to make special arrangements)

ELIGIBILITY FOR LATERAL TRANSFER: Based on the highest, permanent appointment by examination.

CURRENT CLASSIFICATION:

DO NOT USE THE SPACE BELOW – FOR HUMAN RESOURCES USE ONLY

TRANSACTIONS UNIT

Highest, permanent, A01 appointment			
Class Code	Title	Tenure/Time Base	Range (if applicable)

☐ Eligible for Transfer

☐ Not Eligible to Transfer

Transferability Verified by: _____ Date: _____

SELECTION SERVICES AND RECRUITMENT UNIT

Date Test Scheduled: _____ Date notified of test: _____
 Points: _____ ☐ Pass ☐ Fail Scored By: _____
 Date Score Entered: _____ Date Results Sent: _____

Privacy Statement

This information is requested by the Department of Consumer Affairs, Selection Services and Recruitment Unit, per State Personnel Board Rule 174. Disclosure of Social Security Number is required to verify civil service eligibility for the SSA Transfer Examination.